Exhibitz

| Fill in this information to identify | your case: | | | |
|--|--|---|---|--|
| Debtor 1 | | | | |
| First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing) First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | District of | | | |
| Case number | | | Check if th | ie ie. |
| (If known) | | | | ended filing |
| L | | | | lement showing postpetition chapter 13 |
| | | | | as of the following date: |
| Official Form 106I | | | MM / DE | O/ YYYY |
| Schedule I: You | ır İncome | | | 12/15 |
| supplying correct information. If yo | ou are married and not filir ise is not filing with you, d top of any additional pag | ig jointly, and your so not include inform | pouse is living with year | r 2), both are equally responsible for ou, include information about your spouse ise. If more space is needed, attach a nown). Answer every question. |
| Fill in your employment information. | | Debtor 1 | | Debtor 2 or non-filing spouse |
| If you have more than one job, | | | solutionia and statemental dispersioning | |
| attach a separate page with information about additional | Employment status | ☐ Employed | | ☐ Employed |
| employers. | | Not employed | | ☐ Not employed |
| Include part-time, seasonal, or | | • | ٨ | |
| self-employed work. Occupation may include student | Occupation | _ Uncomplex | <u> ecl </u> | |
| or homemaker, if it applies. | Employeda nome | | | |
| | Employer's name | | | |
| · · · · · · · · · · · · · · · · · · · | Employer's address | | | |
| | | Number Street | | Number Street |
| : | | | | |
| | | | | |
| | | | | |
| | | City Sta | ate ZIP Code | City State ZIP Code |
| | How long employed there | ? | | |
| Part 2: Give Details About | Monthly Income | | | |
| Estimate monthly income as of spouse unless you are separated. | | . If you have nothing to | report for any line, wri | te \$0 in the space. Include your non-filing |
| If you or your non-filing spouse ha below. If you need more space, at | ve more than one employer | , combine the informate form. | tion for all employers fo | r that person on the lines |
| | | | For Debtor 1 | For Debtor 2 or non-filing spouse |
| List monthly gross wages, sala deductions). If not paid monthly, | | | s - D - | issan un marine in les en |
| 3. Estimate and list monthly over | time pay. | 3. | +\$ -0- | + \$ |
| 4. Calculate gross income. Add lin | | 4. | ş -D - | \$ |
| | | | | |

| | | For Debtor 1 | For Debtor 2 or non-filing spouse | |
|--|--------------|-------------------------|--------------------------------------|-----------------|
| Copy line 4 here | 4. | s0- | \$ | |
| | | | | |
| 5. List all payroll deductions: | | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | \$_~ <u>0</u> - | \$ | |
| 5b. Mandatory contributions for retirement plans | 5b. | \$ <u>-0-</u> | \$ | |
| 5c. Voluntary contributions for retirement plans | 5c. | s <u>-0-</u> | \$ | |
| 5d. Required repayments of retirement fund loans | 5d. | \$ ~0~ \$ ~0~ | \$ | |
| 5e. Insurance | 5e. | \$ - O - | \$ | |
| 5f. Domestic support obligations | 5f. | \$ -0- | \$ | |
| 5g. Union dues | 5g. | \$ | \$ | |
| 5h. Other deductions. Specify: | 5h. | +\$0- | + \$ | |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. | 6. | \$ <u>-0</u> | \$ | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ <u>-0-</u> | \$ | |
| 8. List all other income regularly received: | | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm | | | | |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ <u></u> -6- | \$ | |
| 8b. Interest and dividends | 8b. | \$ <u>~0~</u> | \$ | |
| 8c. Family support payments that you, a non-filing spouse, or a depende regularly receive | nt | | | |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$0~_ | \$ | |
| 8d. Unemployment compensation | 8 d . | \$ | \$ | |
| 8e. Social Security | 8e. | s <u>770.00</u> | \$ | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | ce 8f. | s 171.00 | \$ | |
| 8g. Pension or retirement income | 8g. | · -6- | c | |
| | _ | \$ | \$ | |
| 8h. Other monthly income. Specify: 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 8h. 9. | s 770 | *\$ | |
| 3. And an oald mostle. And mice of a Sp. Co. Sa. Co. Co. Co. Co. Co. | 0. | | | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. | 10. | s 770 | + s0 = s_7 | 10 |
| 11. State all other regular contributions to the expenses that you list in Scheo | lule J | | | |
| Include contributions from an unmarried partner, members of your household, y friends or relatives. | our d | ependents, your roon | nmates, and other | |
| Do not include any amounts already included in lines 2-10 or amounts that are | not av | vailable to pay expens | ses listed in Schedule J. | - 41 |
| Specify: | | | 11. + \$ | 0- |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The | | | · 1_ 1 | 70 |
| Write that amount on the Summary of Your Assets and Liabilities and Certain S | iausu | саг іліотпацоп, ії її а | Combi | ned y income |
| 13. Do you expect an increase or decrease within the year after you file this f | form? | | | |
| Yes. Explain: | | | | |

| Fill in this information to identify your case: | | | |
|--|---|---|--|
| Debtor 1 | Check if this | ia. | |
| First Name Middle Name Last Name Debtor 2 | | | |
| (Spouse, if filing) First Name Middle Name Last Name | An amer | ided tiling ment showing postr | setition chanter 13 |
| United States Bankruptcy Court for the: District of | | s as of the following | |
| Case number(ff known) | MM / DD / | YYYY | |
| | | | |
| Official Form 106J | | | |
| Schedule J: Your Expenses | | | 12/15 |
| Be as complete and accurate as possible. If two married people are filing information. If more space is needed, attach another sheet to this form (if known). Answer every question. | | | • |
| Part 1: Describe Your Household | | | |
| 1. Is this a joint case? | | | |
| No. Go to line 2. Yes. Does Debtor 2 live in a separate household? | | | |
| No☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Section 1. | eparate Household of Debtor 2. | | |
| 2. Do you have dependents? | от отменения выполня в пред того от оттення на него него него него него в 1 до 12 до 12 до 12 до 12 до 12 до 12 | erlindelik ARK MC YAYARINAYAYAYA waxaa maanaanaan aana aana da iliki AC MA GIIG YAY | TTE OF STATE |
| Do not list Debtor 1 and Debtor 2. Yes. Fill out this information for each dependent | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
| Do not state the dependents' names. | | | U No □ Yes |
| names. | | | □ No |
| | | | Yes |
| | | | □ No |
| | | | ☐ Yes |
| | | | ⊔ No □ Yes |
| | | | □ No |
| | | | Yes |
| 3. Do your expenses include expenses of people other than yourself and your dependents? | | | |
| Part 2: Estimate Your Ongoing Monthly Expenses | | | |
| Estimate your expenses as of your bankruptcy filing date unless you at | re using this form as a supplem | ent in a Chapter 13 c | ase to report |
| expenses as of a date after the bankruptcy is filed. If this is a supplement | | | |
| applicable date. | | | |
| Include expenses paid for with non-cash government assistance if you such assistance and have included it on Schedule I: Your Income (Office | | Your exper | ises |
| The rental or home ownership expenses for your residence. Include | • | | Section by the section of the sectio |
| any rent for the ground or lot. | mot mongage payments and | 4. \$ <u>350</u> | 0.00 |
| If not included in line 4: | | | |
| 4a. Real estate taxes | | 4a. \$ <u>.</u> |) |
| 4b. Property, homeowner's, or renter's insurance | | 4b. \$ | <u> </u> |
| 4c. Home maintenance, repair, and upkeep expenses | | 4c. \$ | 2 |
| 4d. Homeowner's association or condominium dues | | 4d. \$ | <u>v</u> |

| | | | Your expenses |
|-----|---|------|----------------|
| 5. | Additional mortgage payments for your residence, such as home equity loans | 5. | S |
| 6. | Utilities: | | |
| • | 6a. Electricity, heat, natural gas | 6a. | sO |
| | 6b. Water, sewer, garbage collection | 6b. | s -o- |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | s 20.00-0- |
| | 6d. Other Specify: | 6d. | s_175.00_ |
| 7. | Food and housekeeping supplies | 7. | s 171,00 200. |
| 8. | Childcare and children's education costs | 8. | s <u> </u> |
| 9. | Clothing, laundry, and dry cleaning | 9. | s5.00_ |
| 10. | Personal care products and services | 10. | s 5.00 20.00 |
| 11. | Medical and dental expenses | 11. | s 4000 D |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | sH0.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | sO |
| 14. | Charitable contributions and religious donations | 14. | sO |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| | 15a. Life insurance | 15a. | s <i>O</i> |
| | 15b. Health insurance | 15b. | sO |
| | 15c. Vehicle insurance | 15c. | s 40.00 |
| | 15d. Other insurance. Specify: | 15d. | s |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ |
| 17. | Installment or lease payments: | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ <i>O</i> |
| | 17b. Car payments for Vehicle 2 | 17b. | s <i>O</i> |
| | 17c. Other. Specify: | 17c. | \$ <i>O</i> |
| | 17d. Other. Specify: | 17d. | \$ |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18, | \$ |
| 19. | Other payments you make to support others who do not live with you. | | |
| | Specify: | 19. | \$ <i>U</i> |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | ₂) |
| | 20a. Mortgages on other property | 20a. | \$ |
| | 20b. Real estate taxes | 20b. | s |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ <u>O</u> |
| | 20. Hereau was a secondaria sa sandarda da sa | 20- | e () |

| Debtor 1 Radio Middle Name Last Name Case number (# | known) | |
|--|--------------|-------------------------------|
| 21. Other. Specify: | 21. | +\$ |
| 22. Calculate your monthly expenses. | | and 2017 (1778) (1778) |
| 22a. Add lines 4 through 21. | 22a. | s 750830 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | 22b. | sD |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | 22c. | s_ 830 |
| 23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule 1. 23b. Copy your monthly expenses from line 22c above. | 23a. 23b. | s <u>941</u> -s <u>r30</u> |
| 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c. | s |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No. Yes. Explain here: | | , |